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Medical school students simulate tending to a patient amid a crisis situation during the opening ceremony and inauguration of the World Health Organisation (WHO) academy in France in December. The withdrawal of US funding threatens to destabilise many of the organisation's programmes, but could potentially be a blessing in disguise if it prompts a shift from the current US-centric model of global health governance to more sustainable and geopolitically resilient global partnerships.
PHOTO: AFP

US pullout from WHO opens the door for a new global health order

Loss of funding and leadership is a setback but Asean and other regional groupings and countries like Singapore can step up to create a better system.

Teo Yik Ying

In one of his first executive actions upon returning to office, President Donald Trump signed an order to pull the United States from the World Health Organisation (WHO).

The decision, echoing his previous attempt during the Covid-19 pandemic, underscores his long-standing criticisms of the Geneva-based institution. The reasons cited in the executive order included WHO's handling of the pandemic and "unfairly onerous payments" expected of the US.

To set things in perspective, countries' dues are a percentage of their gross domestic product. As the world's richest nation, the United States has generally paid more than others. In its last complete budget cycle, for 2022-23, the US contributed nearly US$1.3 billion (S$1.75 billion) or about 15 per cent of WHO's US$7.8 billion budget. The sum includes assessed contributions, voluntary contributions and money for a contingency fund for emergencies.

The loss of US funding is undeniably a setback and a major concern for global health policymakers and practitioners. Yet this development could potentially be a blessing in disguise if it prompts a shift from the current US-centric model of global health governance to more sustainable and geopolitically resilient global partnerships.

GLOBAL IMPACT OF U.S. WITHDRAWAL

In the short term, the sudden withdrawal of US funding threatens to destabilise many of the organisation's programmes, particularly those targeting infectious diseases and strengthening health systems in vulnerable regions.

Critical programmes combating polio, tuberculosis, and malaria face imminent funding crises. For example, the Global Polio Eradication Initiative relies heavily on US contributions to maintain its near-successful eradication efforts. A withdrawal at this stage threatens to undo decades of efforts and investments, potentially reigniting outbreaks in regions once considered safe.

Moreover, the WHO's capacity to respond to health emergencies will be severely hampered. In recent outbreaks like Ebola and Covid-19, the organisation's ability to rapidly mobilise resources has been a lifeline for affected nations.

Without US funding, the agility and reach of these responses will be significantly compromised, delaying interventions, and exacerbating the spread of disease.

Importantly, the gap is not just about money, but also in health policy leadership.

The US has historically been a dominant force in setting global health priorities. Its absence not only creates a leadership void, but also fragments the international governance framework established by the United Nations. This severely undermines collective efforts to tackle transnational health challenges.

Regrettably, the burden of this decision falls disproportionately on low- and middle-income countries (LMICs), including those in Asean.

CHALLENGES IN FILLING THE GAP

While it is tempting to assume that other powerful nations or blocs, such as the European Union (EU) and the growing Brics club, could fill the gap, the reality is far more complex.

The EU, for example, while economically strong, faces its own set of internal health and financial challenges, particularly in the aftermath of Covid-19 and the outbreak of the Ukraine war. Many European countries are grappling with healthcare system strains and economic recovery efforts, not to mention US pressure to raise defence spending. In short, they are constrained in their ability to expand international commitments significantly.

Brics countries, with their rising economic clout, seem like viable candidates to shoulder more responsibilities. However, internal disparities among Brics members are significant.

India and Brazil, for example, are still grappling with their own massive public health challenges, from underfunded healthcare systems to ongoing problems with endemic infectious diseases. Russia's strained economic and geopolitical situation, and South Africa's domestic focus on health inequities further limit their ability to take on greater international roles.

China, the most likely Brics contender to expand its global health role, has already increased its investments in health initiatives worldwide. Yet, geopolitical tensions, particularly with the United States and European nations, will complicate its leadership in a post-US WHO.

IMPLICATIONS FOR ASEAN

For Asean, the US departure from the WHO is a serious cause for concern.

Many South-east Asian countries have benefited from WHO-coordinated programmes supported by US funding, particularly in the areas of infectious disease control, maternal and child health, and health system strengthening.

Countries like Vietnam, the Philippines, and Myanmar have seen significant improvements in health outcomes as a result.

For instance, Vietnam has been a recipient of WHO-supported initiatives to manage its HIV/Aids epidemic, with substantial US funding support in diagnostics and treatment through the President's Emergency Plan for Aids Relief. The Philippines has similarly benefited from tuberculosis control and malaria eradication programmes, which have made considerable progress in reducing the footprint of these diseases.

Without US involvement in the WHO, these countries now face the problem of sustaining these programmes independently, and with reduced technical support from the organisation.

A BLESSING IN DISGUISE?

The question is whether the US' withdrawal from the WHO could in fact catalyse positive and long-overdue changes in the governance of global health.

Historically, the global health landscape has been heavily dominated by a few affluent nations, creating a system where many LMICs depend heavily on external aid. While providing useful support, this model leads to a lack of local ownership and sustainability in health initiatives, and often undermines more important local health priorities in place of agendas set by the rich nations.

The departure of the US from WHO funding may just force a diversification of funding sources, and increase regional and local investment in health. This could, in the long run, encourage LMICs to take greater responsibility for their health systems, fostering a more sustainable model of health governance.

By mobilising domestic resources and seeking innovative funding mechanisms, these countries can reduce their reliance on fluctuating international aid – especially in geopolitically unstable times like this – and build more resilient health systems.

Moreover, this scenario also presents an opportunity for regional blocs to step into the leadership vacuum, fostering a collective and regional ownership of global health initiatives.

There are already signs that this is happening, for instance with the African Union stepping up its Centre for Disease Control that leads and coordinates regional responses to health emergencies and endemic diseases.

Regional health governance can mitigate the shortcomings of a fractured global system by leveraging the proximity, shared challenges, and cultural understanding inherent within regions. In the context of South-east Asia, Asean can develop a health governance framework that is less dependent on external actors like the US for funding and expertise, but focus instead on marshalling resources from within to support member states in tackling health priorities.

What is vital then, is to ensure these transitions are allowed the necessary time to take place, without a precipitous fall in the provision of support for ongoing essential health programmes.

SINGAPORE MUST STEP UP

Given its economic stability, robust health infrastructure, and a strong focus on evidence-based policy making, Singapore is well-placed to help Asean members weather the impact of US withdrawal from the WHO.

One way Singapore can do so is to expand its technical assistance programmes. Singapore already provides training and capacity-building initiatives for health professionals from Asean members; this can be expanded to include policy-directed research jointly with their governments, to inform and improve national programmes aimed at addressing local health priorities.

Singapore's investment in biomedical research and innovation places it at the forefront of healthcare advancements in the region. We can make use of our expertise to facilitate technology transfers and research collaborations with the rest of Asean, to ensure that innovative healthcare solutions, including advanced diagnostic tools and vaccines, are accessible across the region.

This role would be crucial in bridging the technological and expertise gaps that are likely to widen with reduced WHO and US support.

Even Singapore's universities can play an important role in curriculum transfers – taking what we teach in our universities and sharing them with local institutions in South-east Asian countries.

This allows universities in South-east Asia to train their own technical experts proficiently, which reduces the long-term reliance for technical workforce from external agencies currently funded by WHO.

Singapore could also initiate the establishment of a regional health fund, mobilising financial resources from both public and private sectors to support essential health programmes in South-east Asia. This fund would help plug the funding gaps left by the reduced WHO budget, ensuring continuity in critical health services across South-east Asia.

While physically small, Singapore has often exhibited a considerable presence internationally – this makes it well-placed to facilitate partnerships between Asean member states and other global health actors, including philanthropic organisations and other regional blocs, to fill the funding and leadership gaps.

By championing these collaborative efforts, Singapore can play a vital role in helping Asean build a resilient and self-sustained regional health ecosystem, transforming the challenge of US withdrawal into an opportunity for regional empowerment and innovation in health governance.

A NEW REALITY IN GLOBAL HEALTH

The US withdrawal from the WHO is undeniably a setback for global health. However, it also opens the door for a reimagined global health order – one that is less centralised, more equitable, and hopefully resilient.

This will see a shift in the nature of global health governance and diplomacy, one that is likely to require regional blocs such as Asean or African Union to take on bigger roles. Countries like Singapore now have a greater responsibility to proactively engage, contribute to, or even lead regional health initiatives to ensure the continued well-being of populations around them.

Given the biggest threats to population health in the 21st century such as pandemics and destabilising climate are transboundary in nature, Singapore too stands to benefit from assuming a bigger role in regional public health.

The US pullout from the WHO has opened up a big hole in global health. If the world mends this tear in the lattice and creates new interlocking networks, we just may be able to turn the crisis into an opportunity, one where progress in global health not only continues but also accelerates, paving the way for a healthier, more resilient, and sustainable future for all.

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